

01-21-00

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**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ Duplicate
(check, if applicable)

01/20/00
13:59 U.S. PTO

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Washington, DC 20231

**Attorney Docket No. 0011-1U9
First Named Inventor: Skurkovich
Express Mail Label No. EL399100075US
Total Pages of Transmittal Form: 2**

Transmitted herewith for filing is the **non-provisional** utility patent application which is a

☐ Original; or a ☐ Continuation, ☒ Divisional of prior application No.
09/306,286 filed May 6, 1999.

entitled "TREATMENT OF AUTOIMMUNE DISEASES, INCLUDING AIDS"

☐ This non-provisional patent application is based on provisional patent application No.
_____, filed _____.

Enclosed are:

☒ Specification (including Abstract) and claims: 48 pages.

☐ Newly executed Declaration (original/copy).

☒ Copy of Declaration from prior application.

☒ Copy of Revocation and Appointment of Attorney in prior Application No.
08/771,831 from which Application No. 09/306,286 ultimately claims priority (effective
here by virtue of the Assignment of the prior application including divisionals).

☐ _____ sheets of drawings (formal/informal) plus one copy.

☐ Microfiche computer program (Appendix).

☐ Nucleotide and/or Amino Acid Sequence Submission, including:

☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement

☒ An assignment of the invention to: Advanced Biotherapy Concepts, Inc.,
Recorded May 6, 1997 at Reel 8497, Frame 763 (is **not** enclosed).

☐ Certified copy of _____ Application No. _____, filed _____.

☒ Copy of the Verified Statement claiming Small Entity Status under 37 CFR 1.9
and 1.27 filed in the prior application.

☒ Preliminary Amendment.

☒ Copy of Information Disclosure Statement and PTO-1449, cited in U.S.
Application No. 08/771,831

JC564 U.S. PTO
09/487979
01/20/00

The filing fee has been calculated as shown below:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$345			BASIC FEE: \$760	
Total	9-20 =	9	X9	\$81	OR	X18	\$
Independent	3-3=		X39	\$	OR	X78	\$
Multiple Dependent Claims Present & @			\$130	\$	OR	\$260	\$
			TOTAL	\$426.00	OR	TOTAL	\$

The Commissioner is hereby authorized to charge payment of the following fees or credit any overpayment to Deposit Account No. 50-1017 (200011.0015). One additional copy of this sheet is enclosed.

- ☒ The above calculated filing fee **\$426.00**
- ☒ Any additional fees required under 37 C.F.R. §1.16 or §1.17.
- ☒ If the filing of any paper during the prosecution of this application requires an extension of time in order for the paper to be timely filed, applicant(s) hereby petition(s) for the appropriate extension of time pursuant to 37 C.F.R. §1.136(a).

January 24, 2001
(Date)

By:

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